

TFW 2193

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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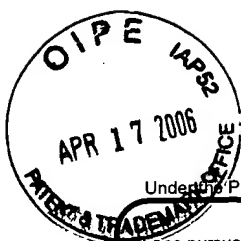
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/976,930	
	Filing Date	October 11, 2001	
	First Named Inventor	Clifford L. Hersh	
	Art Unit	2195	
	Examiner Name	Lewis Alexander Bullock Jr.	
Total Number of Pages in This Submission	43	Attorney Docket Number	PA1950US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	(2) Check for \$650.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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Total page number does not include postcard or check.		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Carr & Ferrell LLP	
Signature		
Printed name	Steven M. Colby	
Date	April 12, 2006	Reg. No. 50,250

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Steven M. Colby, Reg. No. 50,250	Date April 12, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 650.00

**Complete if Known**

Application Number	09/976,930
Filing Date	October 11, 2001
First Named Inventor	Clifford L. Hersh
Examiner Name	Lewis Alexander Bullock Jr.
Art Unit	2195
Attorney Docket No.	PA1950US

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 06-0600 Deposit Account Name: Carr & Ferrell LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)  
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 20 or HP =	5	x	50	=	250
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 3 or HP =	2	x	200	=	400
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HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 100 =		/ 50 =		(round up to a whole number) x		=	
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)****SUBMITTED BY**

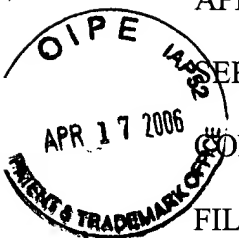
Signature		Registration No. (Attorney/Agent)	50,250	Telephone	650-812-3400
Name (Print/Type)	Steven M. Colby	Date	April 12, 2006		

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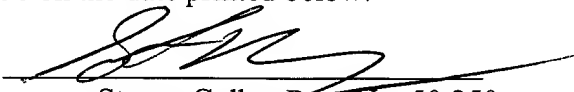
APPLICANT: Clifford L. Hersh  
SERIAL NO.: 09/976,930  
CONF. NO.: 2048  
FILING DATE: October 11, 2001  
TITLE: MULTIPHASE SYSTEM AND METHOD OF PERFORMING  
OPERATIONS ON DATA STRUCTURES  
EXAMINER: Bullock Jr., Lewis Alexander  
ART UNIT NO.: 2195  
ATTY DKT NO.: PA1950US



**CERTIFICATE OF MAILING**

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Sir:

In response to the Office Action mailed January 12, 2006 please consider the following remarks:

**A Listing of Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 17 of this paper.

04/18/2006 MWOLDGE1 00000036 09976930

01 FC:1201 400.00 OP  
02 FC:1202 250.00 OP